

# GEORGIAN MEDICAL NEWS

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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии  
საქართველოს სამედიცინო სიახლენი

## GEORGIAN MEDICAL NEWS

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**GMN: Georgian Medical News** is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

**GMN: Медицинские новости Грузии** - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

**GMN: Georgian Medical News** – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

## WEBSITE

[www.geomednews.com](http://www.geomednews.com)

## К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman (Кириллица)**, для текста на грузинском языке следует использовать **AcadNusx**. Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи.** Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - <http://www.spinesurgery.ru/files/publish.pdf> и [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html). В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректур авторам не высылаются, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

**При нарушении указанных правил статьи не рассматриваются.**

## REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or computer-printed on a single side of standard typing paper, with the left margin of 3 centimeters width, and 1.5 spacing between the lines, typeface - **Times New Roman (Cyrillic)**, print size - 12 (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)  
[http://www.icmje.org/urm\\_full.pdf](http://www.icmje.org/urm_full.pdf)

In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

**Articles that Fail to Meet the Aforementioned  
Requirements are not Assigned to be Reviewed.**

## ავტორთა საყურადღებო!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დავიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე, დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx**. შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემავჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრაფიის ფოტოსურათები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგების ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

Babry I. Oren, Marina I. Devdariani, Gela V. Beselia, Nino N. Sikharulidze, Manana G. Dashniani, Maia A. Burjanadze, Ia R. Kvachakidze, Marina I. Nebieridze, Lena Sh. Davlianidze, Lali M. Gumberidze, Nodar P. Mitagvaria. ROLE OF ANTIOXIDANT FOLIUM EXPOSURE ON OXIDATIVE STRESS IN A VALPROIC ACID-INDUCED ANIMAL MODEL OF AUTISM.....	6-15
Hajdi Gorica, Pavlo Djamandi, Gentian Vyshka. DELAYED ONSET OF MYASTHENIA GRAVIS FOLLOWING COLECTOMY FOR ULCERATIVE COLITIS: A CASE STUDY.....	16-17
Zhadyra Yersariyeva, Bagdad Suleyeva, Botagoz Turdaliyeva, Yeldos Tussipbayev. HEMOSTASIS GENE POLYMORPHISM IN RETINAL VASCULAR OCCLUSION: A SYSTEMATIC REVIEW.....	18-28
Ilia Nakashidze, Nameera Parveen Shaikh, Shota Nakashidze, Aleena Parveen Shaikh, Sarfraz Ahmad, Irina Nakashidze. EVALUATION OF TNF- $\alpha$ LEVELS IN MALE PATIENTS WITH STROKE: PROGNOSTIC IMPLICATIONS.....	29-32
Yerbolat Iztileuov, Marat Iztileuov, Altynbek Dushmanov, Gulmira Iztileuova. PREVENTION IN THE PARENTAL GENERATION OF EXPOSED RATS: CONSEQUENCES OF TOXIC EXPOSURE TO CHROMIUM AND GAMMA IRRADIATION IN AN EXPERIMENTAL MODEL.....	33-45
Rashid Nassar, Nadine Khayyat, Michele Halasa, Fahad Hussain. TRAUMATIC ANTERIOR SHOULDER INSTABILITY (TUBS): A NARRATIVE REVIEW OF CURRENT LITERATURE.....	46-50
Albadawi Abdelbagi Talha, Mawaheip A. Abdo Jeweser, Abubakr Ali Elamin Mohamed Ahmed, Abdelrahman Eldaw Mohammed, Elhadi Abdalla Ahmed, GadAllah Modawe, Sanaa Elfatih Hussein. THE HBV AND HCV SEROPREVALENCE AMONG BLOOD DONORS IN AI-DAMAZIN STATE, SUDAN: A THREE-YEAR RETROSPECTIVE STUDY.....	51-54
Hiba Salah Hasan, Teeb Ali, Kadhim Adnan Ali, Al Hassan Ali, Hany A. Al-hussaniy. MODELING DRUG-ORGAN INTERACTIONS AND OPTIMIZING IMMUNOTHERAPY: A QUANTITATIVE SYSTEMS PHARMACOLOGY AND ODRONEXTAMAB DYNAMICS.....	55-60
Zilola Mavlyanova, Davron Ravshanov, Malika Ibragimova, Lola Irbutaeva, Khalimova Fariza, May K. Ismail, Shawgi A. Elsiddig, Marwan Ismail, Salma E R Mohamed, Sara Mohammed Ali. PROGNOSTIC SIGNIFICANCE OF PROLIFERATION (KI-67) AND ANGIOGENESIS (CD34) MARKERS IN MENINGIOMAS FOR THE DEVELOPMENT OF REHABILITATION STRATEGIES.....	61-65
A.R. Abzaliyeva, K.K. Kurakbayev, A.R. Ryskulova, Z.R. Abzaliyev, E. Tasmagambet, D.Zh. Saussanova. TURNOVER INTENTIONS AMONG PHYSICIANS AND NURSES IN KAZAKHSTAN DURING THE COVID-19 PANDEMIC: A CROSS-SECTIONAL STUDY OF PSYCHOLOGICAL AND PROFESSIONAL CHALLENGES.....	66-72
A.A. Mammadov, A.N. Mustafayev, A.H. Aliyev. RADIOLOGICAL IMAGING METHODS FOR ACCURATE DIAGNOSIS OF ABDOMINAL POSTOPERATIVE COMPLICATIONS.....	73-76
I.A. Lebedev, E.V. Zakharchuk, Yu.V. Boldyreva, I.A. Aptekar, E.I. Malinina. OSSIFICATION OF THE POSTERIOR LONGITUDINAL LIGAMENT: A CASE REPORT AND LITERATURE REVIEW.....	77-79
Zhanar Balmukhamedova, Gulmira Derbissalina, Aliya Dzholdasbekova, Dariga Blyalova, Luiza Murzakhalova. SPECKLE-TRACKING ECHOCARDIOGRAPHY FOR EARLY DETECTION OF SUBCLINICAL SYSTOLIC DYSFUNCTION IN PERIMENOPAUSAL WOMEN WITHOUT APPARENT DIASTOLIC DYSFUNCTION.....	80-86
Arkam Thabit Al Neama, Musab Mohammed Khalaf, Ahmed A.J. Mahmood. PATTERNS OF ACETYLCHOLINESTERASE AND BUTYRYLCHOLINESTERASE ACTIVITY IN COMMON CARDIOVASCULAR PHENOTYPES.....	87-94
Argjira Veseli, Shefqet Mrasori, Ivana Čuković-Bagić, Lul Raka, Kaltrina Veseli, Enis Veseli. PARENTAL QUALITY OF LIFE WHEN RAISING CHILDREN WITH AUTISM SPECTRUM DISORDER: A NARRATIVE REVIEW.....	95-100
Anas Ali Alhur, Daliya T. Sendi, Miad M. AlZahrani, Layla T. Abusharha, Rahaf Y. Abudaak, Rahmah Alsinan, Rama R. Alharbi, Lamia Almadhi, Laila M. Alotaibi, Mona A. Hadadi, Shaima H. Alattas, Fatimah Almisbah, Fathi Almisbah, Abdulrahman Alrashed, Kawkab Alharbi. EVALUATING THE TRUSTWORTHINESS OF CHATGPT-GENERATED HEALTH INFORMATION AMONG FUTURE HEALTH CARE PROFESSIONALS.....	101-106
Ting-Ting Wang, Yan Wang. HUMANISTIC CARE NURSING FOR PATIENTS IN THE OPERATING ROOM DURING THE PERIOPERATIVE PERIOD: FULL-CYCLE CARE FROM PHYSIOLOGY TO PSYCHOLOGY.....	107-109
Zauresh Barmanasheva, Mariya Laktionova, Anna Onglas, Ayaulym Kossetova, Ivan Melnikov. PREVALENCE AND RISK FACTORS OF UTERINE FIBROIDS IN WOMEN OF REPRODUCTIVE AGE: A FACILITY-BASED STUDY IN AMEGACITY.....	110-120
Bolat Ashirov, Assel Kassymova, Jamilya Mansurova, Andrey Orekhov, Meiramgul Tokbulatova, Mirgul Kapakova, Zhanar Toktarova, Aisulu Zhunuspekova. PROGNOSTIC MARKERS OF ISCHEMIC AND HEMORRHAGIC COMPLICATIONS IN PATIENTS WITH ATRIAL FIBRILLATION AFTER PERCUTANEOUS CORONARY INTERVENTION.....	121-128

Khalilov Sh. Dzh. ELECTROCARDIOGRAPHY CHARACTERISTICS OF THE PATIENTS WITH NON-ST-ELEVATION MYOCARDIAL INFARCTION (NS TEMI).....	129-132
Salome Kordzaia, Elene Dolmazashvili, Khatuna Tsiklauri, Lasha Khmaladze, Nana Chikhladze. FROM INFUSION REACTION TO IMMUNE CASCADE: A CASE OF SEQUENTIAL TAXANE AND CAPECITABINE TOXICITIES IN TRIPLE-NEGATIVE BREASTCANCER.....	133-136
Yu Zhu, Fandong Zeng, Weiwei Chang, Liying Wen, Lijun Zhu, Yuelong Jin. AN EMPIRICAL STUDY ON THE ASSOCIATION BETWEEN ASPIRATION INDEX AND ACADEMIC PERFORMANCE AMONG PREVENTIVE MEDICINE STUDENTS.....	137-142
Alaa O Ahmed, Mubarak S Karsany, Mohamed Elfatih Abdelwadoud, Mutaz Ali, Osama Mohamed, Amged Gaffer Mostafa, Hussam Ali Osman, Elryah I Ali, Elyasa Elfaki, Tagwa Yousif Elsayed Yousif, Ayman H. Alfeel, Mohammed Ibrahim Saeed. MOLECULAR DETECTION OF HIGH RISK HUMAN PAPILLOMA VIRUS SUBTYPES IN CERVICAL SMEARS AMONG SUDANESE WOMEN.....	143-149
Tchernev G, Tchernev KG Jr, Krastev DS, Krastev NS, Kordeva S. DERMATOLOGIC SURGERY ROUNDS: RECONSTRUCTIVE SURGERY EMPLOYING THE SHARK ISLAND FLAP FOR BASAL CELL CARCINOMA AFFECTING THE NASAL ALA.....	150-153
Saltanat Imanalieva, Bayan Sagindykova, Rabiga Anarbayaeva, Murat Omirali, Gulnara Ospanova, Murat Ashirov. CURRENT STATUS AND PROSPECTS FOR THE DEVELOPMENT OF PEDIATRIC DOSAGE FORMS BY THE EXAMPLE OF COMBINED MELOXICAM AND VITAMIN B12 TABLETS.....	154-167
Ahmed Miri Saadoon. INCIDENCE OF PRESSURE SORE IN THE INTENSIVE CARE UNIT AT AL-DIWANYIA TEACHING HOSPITAL.....	168-171
Isoyan A.S, Danielyan M.H, Antonyan I.V, Azizyan N.H, Mkrtchyan A.A, Karapetyan K.V, Nebogova K.A. MORPHOHISTOCHEMICAL ANALYSIS OF CORTICAL STRUCTURES IN AN EXPERIMENTAL MODEL OF PROLONGED COMPRESSION SYNDROME OF THE HIND LIMB IN RATS.....	172-179
Abdulaziz Alroshodi, Faisal A. Al-Harbi, Rasil Sulaiman Alayed, Fahad M. Alharbi, Khalid A Alkhalifah, Mayadah Assaf Alawajji, Ibrahim S. Alsabhawi. FACTORS IMPACTING HEMODIALYSIS TREATMENT ADHERENCE IN END-STAGE RENAL DISEASE PATIENTS RECEIVING IN- CENTER HEMODIALYSIS IN QASSIM REGION.....	180-187
Gulshat Alimkhanova, Marat Syzdykbayev, Rinat Ashzhanov, Kulsara Rustemova, Maksut Kazymov, Rustem Kazangapov, Asem Kazangapova, Saule Imangazinova, Yernar Kairkhanov, Bazar Tuleuov, Sanzhar Khalelov, Roman Khripunov, Samatbek Abdrakhmanov, Abay Mijatov. THE TRANSVERSUS ABDOMINIS PLANE BLOCK AS A METHOD OF MULTIMODAL OPIOID-SPARING POSTOPERATIVE ANALGESIA: A NARRATIVE REVIEW.....	188-194
Zhengmei Fang, Xiaoling Ran, Lijun Zhu, Yingshui Yao, Yuelong Jin. THE IMPACT OF BMAL1 GENE POLYMORPHISM ON SLEEP QUALITY IN HEALTHY CHINESE YOUTH: A GENDER-SPECIFIC ANALYSIS.....	195-201
Muwafaq H. Zaya, Ahmed A. J. Mahmood, Musab M. Khalaf. CROSS SECTIONAL EVIDENCE FOR OPPOSING EFFECTS OF HYPERGLYCAEMIA AND HYPERLIPIDAEMIA ON CHOLINESTERASEACTIVITIES.....	202-210
Erleta Muçaj, Erëza Durmishi, Serbeze Kabashi Muçaj, Leart Kuçi, Elza Muçaj, Gerta Durmishi. CHALLENGES IN RADIOLOGICAL DIAGNOSIS: CRANIOPHARYNGIOMA VS ASTROCYTOMA.....	211-214
Uday Mahajan, Imran Khan, Ria Gupta, Meraj Akhtar, Vibhore Gupta, Edward Spurrier, Mohamed Kabary, Adnan Asif, Salman Shoukat Ali Parpia. NAMING CONVENTIONS FOR UNIDENTIFIED PATIENTS IN EMERGENCY AND TRAUMA SETTINGS: A NARRATIVE REVIEW.....	215-218
Xuexue Li, Wenjie Wen, Dandan Ren. MOLECULAR MECHANISMS OF DIABETIC PERIODONTITIS: IDENTIFICATION OF KEY OXIDATIVE STRESS-RELATED GENES AND POTENTIAL THERAPEUTIC ROLE OF METFORMIN THROUGH MMP14 AND PXDN.....	219-231
Davron Ravshanov, Zilola Mavlyanova, Kholmirezayev Bakhtiyor, Malika Tursunovna, Khalimova Fariza. HISTOPATHOLOGICAL PREDICTORS AND FUNCTIONAL RECOVERY IN PATIENTS WITH INTRACRANIAL MENINGIOMAS.....	232-240
Aymuhambetov Y, Khismetova Z A, Iskakova N, Akhmetova K, Serikova-Esengeldina D, Shalgumbayeva G.M. ASSESSMENT OF QUALITY OF LIFE IN BREAST CANCER PATIENTS BY USING EORTC QLQ-C30 QUESTIONNAIRE IN EAST KAZAKHSTANREGION.....	241-248
Yujing Tao, Long Hua, Liu Zhang, Ying Feng, Liying Wen, Weiwei Chang. THE CORRELATION BETWEEN STRESS, ACADEMIC PERFORMANCE, AND SLEEP DISTURBANCES AMONG HIGH SCHOOL STUDENTS IN ANHUI PROVINCE: A CROSS-SECTIONAL STUDY.....	249-257
Fahad AlAmr, Muhannad Essa S. Alghamdi, Ahmed Saeed A. Alghamdi, Osama Khamis A. Alghamdi, Hassan Mahfouz B. Alghamdi, Osama Mesfer S. Alghamdi, Abdullah Ali A. Almimoni, Abdulmalik Ahmed S. Al-Zahrani. PREVALENCE AND ASSOCIATED RISK FACTORS OF NOCTURNAL ENURESIS AMONG CHILDREN AGED 5-18 YEARS IN ALBAHA REGION, SAUDI ARABIA.....	258-263

Aya Saad Aldewachi, Mohammed I Aladul. APPETITIVE TRAITS AND QUALITY OF LIFE IN WOMEN WITH OBESITY USING GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONISTS: INSIGHTS FROM A PCOS-ENRICHED SAMPLE.....	264-269
George Shaburishvili, Nikoloz Shaburishvili, Georg Becker, Solomon Zeikidze, Bacho Tsiklauri. INCIDENCE OF ADVERSE EVENTS RESULTING FROM BETA-BLOCKER TITRATION IN PATIENTS WITH HEART FAILURE.....	270-279
Blushinova A.N, Orazalina A.S, Shalgumbayeva G.M. INDUCED ABORTION IN KAZAKHSTAN: WOMEN'S PERCEPTIONS AND EXPERIENCES BASED ON CROSS-SECTIONAL STUDY.....	280-288
Qunru Hu, Liying Wen, Jingqi Zhang, Weiwei Chang, Yuelong Jin, Anshi Wang, Lijun Zhu. IS CORE SELF-EVALUATION A PROTECTIVE FACTOR FOR COLLEGE STUDENTS' MARITAL ATTITUDES? THE MODERATING ROLE OF PSYCHOLOGICAL STATUS.....	289-294
Gulfariza Gani, Ubaidilla Datkhayev, Kairat Zhakipbekov, Serzhan Mombekov, Murat Ashirov, Nurgali Rakhymbayev, Zhanerke Seitova. STUDY OF THE CHEMICAL COMPOSITION AND ANTIMICROBIAL ACTIVITY OF SUBCRITICAL CO <sub>2</sub> EXTRACT FROM <i>EUPHORBIA HUMIFUSA</i> WILLD.....	295-302
Maysoon Mohammed Hassan, Mohammed Abdulwahab Ati Al-askeri, Naseer Kadhim Jawad. PROGNOSTIC IMPACT OF EGFR2 AND KI-67 OVEREXPRESSION WITH DOWNREGULATION OF <i>miR-17</i> AND <i>miR-1307</i> IN FEMALE BREAST CANCER PATIENTS.....	303-313
Imzharov Talgat Abatovich, Zhakiev Bazylbek Sagidolievich, Sarkulov Marat Nukinovich, Pavlov Valentin Nikolaevich, Kurmangaliev Oleg Maratovich. THE EFFECTIVENESS OF METAPHYLAXIS OF NEPHROLITHIASIS DURING PERCUTANEOUS NEPHROLITHOTRIPSY: A SYSTEMATIC REVIEW AND META-ANALYSIS.....	314-322
Yan Wang, Ting-Ting Wang, Chang-Sheng He. PROGRESS IN T-CELL IMMUNE RESEARCH ON HYPERLIPIDEMIC PANCREATITIS.....	323-326
Marwan I Abdullah. MINING THE CELLMINER DATABASE TO IDENTIFY SHARED BIOMARKERS OF 5-FU AND OXALIPLATIN RESPONSE.....	327-341
Shyngys Adilgazyuly, Tolkyng Bulegenov, Akmaral Mussakhanova, Tasbolat Adylkhanov, Kanat Abdilov, Zhannur Altybayeva, Gulmira Bazarova, Malike Kudaibergenova, Makpal Alchimbayeva, Aigul Utegenova, Gulnara Otepova. ASSESSING THE INFLUENCE OF MEDICAL EDUCATION REFORMS ON ONCOLOGIST WORKFORCE AND LUNG CANCER MORTALITY IN KAZAKH-STAN: AN INTERRUPTED TIME SERIES ANALYSIS WITH PREDICTIVE MODELING OF NATIONWIDE DATA FROM 1998 TO 2023.....	342-351
Wen-Wen Liu, Zhi-Juan Xu, Fang Xu. NEW INSIGHTS INTO THE PATHOGENESIS AND TREATMENT ADVANCES OF AGE - RELATED MACULAR DEGENERATION.....	352-354
Zhamilya Zholdybay, Zhanar Zhakenova, Madina Gabdullina, Yevgeniya Filippenko, Suria Yessentayeva, Galymzhan Alisherov, Aigerim Mustapaeva, Jandos Amankulov, Ildar Fakhradiyev. <sup>68</sup> GA-FAPI PET/CT IN DIAGNOSIS OF THE BREAST CANCER DEPENDING ON THE MOLECULAR SUBTYPES AND EXPRESSION STATUS OF HUMAN EPIDERMAL GROWTH FACTOR RECEPTOR 2 (HER2/NEU).....	355-363
A.I. Rybin, V.E. Maksymovskiy, O.V. Kuznetsova, V.V. Osyk, A.S. Bohdan. THE RESULTS OF LIFE QUALITY ASSESSMENT IN PATIENTS WITH PRIMARY OVARIAN CANCER DURING TREATMENT: EFFECT OF DIFFERENT TACTICS AND HIPEC.....	364-368
Miranda Sejdiu Abazi, Arbër Prokshaj, Shpëtim Prokshaj, Fitim Alidema, Nora Leci, Linda Abazi Morina. ASSESSMENT OF PRACTICAL PERFORMANCE IN ORTHODONTIC CLASP FABRICATION AMONG DENTAL TECHNICIAN STUDENTS AT UBT: A REAL-TIME ANALYSIS OF WORKING TIME AND PERCEIVED STRESS.....	369-377
Abylay Baimakhanov, Ainash Oshibayeva, Temirkhan Kozhakhmetov, Nazarbek Omarov, Dinara Akhmetzhanova, Berikuly Duman. RESULTS OF MEDICAL CARE FOR PERSONS WITH POLYTRAUMA IN ALMATY AND CORRECTION OF THE ORGANIZATIONAL APPROACH.....	378-382
Khatia Mikeladze, Nino Chikadze, Nino Gachechiladze, Marina Tediashvili, Irina Datikashvili-David, Peter Lydyard, Nina Porakishvili. SERUM IL-6, IL-12, AND IL-10 LEVELS IN EARLY-STAGE, UNTREATED CHRONIC LYMPHOCYTIC LEUKEMIA PATIENTS: INSIGHTS FROM GEORGIA.....	383-387
Musayeva H.H. FREQUENCY OF COMPLICATIONS IN PATIENTS WITH ADENTIA (BASED ON ARCHIVAL DATA).....	388-393
Hong-Xia Wang, Xiao-Xia Hou, Jie Xu. NURSING RESEARCH ON EMERGENCY GASTROSCOPIC TREATMENT OF UPPER GASTROINTESTINAL FOREIGN BODIES.....	394-396
Tolegenova Z.Zh, Tokanova Sh.E, Baibussinova A.Zh, Kalikhanova K, Iskakova A.M, Shalgumbayeva G.M. ASSESSMENT OF INFECTIOUS DISEASE RISK FACTORS, INCLUDING COVID-19, AMONG HEALTHCARE WORKERS IN EAST KAZAKHSTAN REGION.....	397-405



Bassam A. Al- jabery, Majid R. Al-bahrani.

ENVIRONMENTALLY SAFE CsPbBr<sub>3</sub>/MXene/MWCNTs HYBRID NANOCOMPOSITES: OPTOELECTRONIC AND STRUCTURAL CHARACTERISTICS FOR POSSIBLE BIOMEDICAL AND HEALTH APPLICATIONS.....406-414

Hasan AlAidarous.

PIGMENTED VILLONODULAR SYNOVITIS IN THE ANKLE OF A PEDIATRIC PATIENT: A CASE REPORT.....415-419

Kuat Zhussupov, Nazarbek Omarov, Sagit Imangazinov, Saule Imangazinova, Yernar Kairkhanov, Olga Tashtemirova, Rustem Kazangapov, Aldiyar Masalov, Darkhan Otkenov.

ENDOSCOPIC INJECTION HEMOSTASIS AND LOCAL TREATMENT OF GASTRODUODENAL BLEEDING. LITERATURE REVIEW AND OWN DEVELOPMENTS.....420-424

## HUMANISTIC CARE NURSING FOR PATIENTS IN THE OPERATING ROOM DURING THE PERIOPERATIVE PERIOD: FULL-CYCLE CARE FROM PHYSIOLOGY TO PSYCHOLOGY

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### Abstract.

Humanistic care nursing for perioperative patients in the operating room is an evolving field that emphasizes holistic and patient-centered care, addressing both physiological and psychological needs. Key components include effective communication and emotional support, individualized care tailored to unique needs (considering cultural background, beliefs, etc.), respect for patient dignity and autonomy, proper comfort and pain management, and full-cycle care covering preoperative preparation and postoperative support. Perioperative patients often face psychological issues like anxiety, sleep disturbances, and delirium, which can affect surgical outcomes, and humanistic care interventions targeting these issues are beneficial for recovery. Operating room nurses play a crucial role in delivering such care, relying on empathy, compassion, and communication skills. However, challenges such as time constraints, resource limitations, and lack of standardized protocols exist. Future directions involve developing standardized protocols, providing education and training, and utilizing technology to promote the widespread adoption of humanistic care, aiming to transform the surgical experience, optimize outcomes, and foster a more compassionate healthcare system.

**Key words.** Perioperative period, operating room, humanistic care nursing, patient-centered care, psychological support, full-cycle care.

### Introduction.

Humanistic care in the operating room during the perioperative period is an evolving field that focuses on providing holistic, patient-centered care, addressing both the physiological and psychological needs of individuals undergoing surgical procedures [1]. This approach acknowledges that patients in the operating room (OR) experience a range of emotions, including anxiety, fear, and uncertainty, which can impact their overall surgical experience and recovery. Integrating humanistic care principles aims to create a supportive and comforting environment that promotes patient well-being and optimizes surgical outcomes [2].

Key Components of Humanistic Care in the Perioperative Setting

#### Communication and Emotional Support:

Establishing effective communication between the surgical team and the patient is crucial for building trust and alleviating anxiety [3]. This involves providing clear and understandable information about the surgical procedure, addressing patient concerns, and offering emotional support throughout the perioperative period.

#### Individualized Care:

Recognizing that each patient has unique needs and preferences is a cornerstone of humanistic care. Tailoring nursing interventions to meet the specific requirements of each individual, considering their cultural background, beliefs, and values, enhances patient satisfaction and promotes a sense of control [2]. By tailoring nursing interventions to meet individual needs, while considering their cultural background, beliefs, and values, healthcare providers can enhance patient satisfaction and promote a sense of control [4]. Cultural competence involves understanding and effectively responding to the cultural and linguistic needs of patients. Nurses need to be aware of their own cultural filters, recognize communication barriers, and understand different value systems to provide effective care. Humanistic care emphasizes empathy, respect for individuality, and cultural sensitivity [4]. It focuses on the abilities, attitudes, and behaviors that are central to patient-centered care, contributing to the patient's sense of safety and well-being [5].

Patient-centered care prioritizes the individual needs and preferences of patients, fostering collaborative partnerships between patients and providers [6,7]. This approach acknowledges that healthcare providers should combine their knowledge of health symptoms and treatments with their patients' individual needs [7]. Providing individualized care depends on knowing the patient as a person, including their cultural characteristics, values, and beliefs [8]. Role modelling by experienced nurses can play a significant role in transmitting this way of nursing [8].

#### Respect and Dignity:

Maintaining patient dignity and respecting autonomy are critical ethical principles in providing humanistic care, encompassing privacy, culturally sensitive care, and shared decision-making in treatment planning. Patient dignity is a basic human right crucial for an individual's well-being and is closely linked to respecting a person as a valuable human being. Autonomy, the patient's right to self-determination, is a primary ethical obligation of healthcare providers. Maintaining dignity in clinical care settings involves various considerations, particularly within specific cultural contexts. A study in Indonesia emphasized the importance of understanding hospitalized inpatients' perspectives on maintaining dignity, highlighting that the concept is highly dependent on cultural context. In spinal cord injury units, patient dignity is a significant concern because patients often rely on others for specialized needs due to a lack of physical control. The complexities of providing dignified care require interdisciplinary care teams to negotiate and address the challenges faced by these patients.

Culturally sensitive care is integral to effective and equitable healthcare delivery, necessitating an understanding and acknowledgment of patient's cultural needs, preferences, and expectations. General practitioners perceive cultural sensitivity as understanding patient's cultural preferences and their responsibilities in providing care tailored to these needs. This involves complete adaptation, compromise and negotiation, or, in some cases, no adaptation. Diversity-sensitive care aims to reduce health disparities by considering patient experiences, expectations, and satisfaction. This care encompasses skills such as providing culturally tailored information, adjusting care, and using interpreters, alongside attitudes of allyship, community partnership, and self-awareness. Shared decision-making (SDM) is an essential element of patient-centered care, encouraging a shift from a paternalistic approach to a more patient-autonomous approach. It involves patients and healthcare providers working together to make informed decisions about treatment options.

Person-centered care (PCC) emphasizes the importance of relational ethics in delivering high-quality and safe healthcare. PCC dimensions include patient and provider concordance, improved health outcomes, and patient safety. Relational ethics actions, such as mutual respect, engagement, embodied knowledge, and addressing uncertainty, are crucial for fostering person-centered care.

End-of-life care presents unique ethical considerations, including decision-making around antimicrobial prescribing. Shared decision-making is particularly beneficial in aligning antimicrobial prescribing with patient preferences during this sensitive period. Dignified palliative care for patients with advanced cancer involves exploring the experiences of both patients and their families to identify key factors that support dignity at the end of life. Promoting patient autonomy involves understanding and respecting patient preferences in treatment decisions. It necessitates recognizing the patient's preferred level of involvement and addressing any gaps between their preferred and actual roles in decision-making. Strategies to enhance patient autonomy include providing education, support tools, and decision aids.

#### **Full-Cycle Care:**

Extending care beyond the immediate surgical procedure to include preoperative preparation and postoperative support is vital for ensuring continuity of care and optimizing patient outcomes. This involves providing comprehensive education, addressing psychological concerns, and facilitating a smooth transition from the hospital to home. Patients undergoing surgery often experience psychological distress, including anxiety, depression, and sleep disturbances. These psychological issues can negatively impact surgical outcomes, leading to increased pain, delayed recovery, and prolonged hospital stays. Humanistic care interventions that address these psychological needs can improve patient well-being and promote faster recovery.

**Anxiety Reduction:** Implementing strategies to reduce anxiety, such as providing preoperative education, offering relaxation techniques, and creating a calming environment, can significantly improve the patient experience.

#### **Sleep Management:**

Addressing sleep disturbances is crucial for promoting healing and recovery [9]. Implementing measures to improve sleep quality, such as reducing noise levels, providing comfortable bedding, and administering sleep aids when appropriate, can enhance patient well-being<sup>9</sup>. Delirium is a common postoperative complication, particularly in elderly patients, and can lead to increased morbidity and mortality [10,11]. Implementing strategies to prevent delirium, such as providing cognitive stimulation, promoting early mobilization, and avoiding the use of certain medications, is essential for optimizing patient outcomes [10].

#### **The Role of Nurses in Providing Humanistic Care:**

Operating room nurses play a pivotal role in delivering humanistic care to patients during the perioperative period. They are responsible for assessing patient needs, implementing individualized care plans, and providing emotional support and education. Nurses' attitudes and behaviors can significantly impact patient perceptions of care, highlighting the importance of cultivating empathy, compassion, and effective communication skills. Morning shift time can be used to improve the humanistic quality of operating room nurses.

#### **Challenges and Future Directions:**

Despite the growing recognition of the importance of humanistic care, several challenges remain in its implementation in the operating room setting. These challenges include time constraints, resource limitations, and a lack of standardized protocols [12]. Future research should focus on developing and evaluating interventions to overcome these barriers and promote the widespread adoption of humanistic care principles [13].

#### **Developing Standardized Protocols:**

Creating evidence-based guidelines and protocols for humanistic care in the operating room can help ensure consistent and high-quality care.

#### **Providing Education and Training:**

Offering ongoing education and training to nurses and other healthcare professionals on the principles and practices of humanistic care is essential for fostering a culture of patient-centeredness.

#### **Utilizing Technology:**

Exploring the use of technology to enhance humanistic care, such as virtual reality for preoperative education and mobile apps for postoperative support, may improve patient engagement and satisfaction. The integration of humanistic care principles in the operating room during the perioperative period has the potential to transform the surgical experience for patients, promoting well-being, optimizing outcomes, and fostering a more compassionate and patient-centered healthcare system.

#### **Data availability.**

All data are contained in the article. The raw data will be shared upon request. Contact the corresponding author.

#### **Consent for publication.**

All authors have agreed to the publication of this paper.

#### **Competing interests.**

The authors declare no competing interests.

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